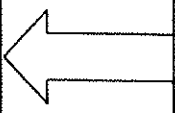
	<p><b><u>Please read the following carefully and sign below.</u></b>  <b>*****Your signature defines that you fully understand and agree to contents.*****</b></p>	
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I hereby declare that I am not disabled in any way which would prevent me from steadily performing all the work applied for in this application. I further declare that the answers to the questions in this application are correct and that any misstatement of fact or omission should be cause for dismissal or rejection. I authorize the company to contact any of my previous employers as well as any reference source, in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby agree to hold harmless any person that furnishes such information in good faith. I agree that I will submit to a physical, polygraph, urinalysis, and/or blood or either examination requested by the company at any time prior to or subsequent to my employment. I authorize the company to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of the company who furnishes such information. I further understand that my employment is for no fixed time and may be discontinued with or without cause or notice by myself or the company. I understand that no employee or officer or agent of the company may bind it by oral or printed statements, including handbooks, benefit books, or bulletins, contrary to the above.

Under the provisions of the Fair Credit Reporting Act 15 USC Sec. 1681 et seq policy is hereby given that a consumer report or investigative consumer report may be made which may include information to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purpose. An investigation into your workers' compensation or industrial accident background may also be conducted.

You are further advised under said Act that any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection 168 (d) shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

## MEDICAL EXAMINATION AND DRUG SCREEN

I understand that I may be required to take, at company expense, a medical examination and will be required to take a drug screen after an offer has been extended, but prior to commencing employment. I understand that the company may refuse to hire me as a result of the medical examination based on an unsatisfactory drug screen, and I agree to hold the company harmless for such refusal. I also understand that refusal to submit to the medical examination or the drug screen will constitute my voluntary withdrawal from the selection process.

## NOTICE

I indemnify Oilfield Production Contractors, Inc. and or all companies that Oilfield Production Contractors, Inc. conducts contract contractor production labor business with against any liability which might result from making any type of investigations. I understand that any false answer or statements or implication made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I understand that any false answer or statements or implications made by me in this application or other required documents including a positive post accident drug or alcohol test shall be considered sufficient cause for indemnifying Oilfield Production Contractors, Inc. and or any companies that Oilfield Production Contractor, Inc. conducts contract contractor production labor of any workman compensation benefits and or any liability responsibilities and agree to an immediate discharge without any notice or severance pay and relinquish future unemployment benefits affixed to Oilfield Production Contractors, Inc. for becoming unemployed due to misconduct of company policies.

I have carefully read the information on this form. I realize I had the opportunity to ask questions about it, and I understand entirely what it means to the fullest. I am in full agreement to all above conditions, terms, statements, agreements & that all statements are true.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Witness of Signature \_\_\_\_\_ Date: \_\_\_\_\_